

UNITED STATES DISTRICT COURT

for the

Eastern District of Pennsylvania

Case No. _____

(to be filled in by the Clerk's Office)

SAMUEL CURDO

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

SEE ATTACHMENT (A)(1)

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

The Clerk will not file a civil complaint unless the person seeking relief pays the entire filing fee (currently \$350) and an administrative fee (currently \$50) in advance, or the person applies for and is granted in forma pauperis status pursuant to 28 U.S.C. § 1915. A prisoner who seeks to proceed in forma pauperis must submit to the Clerk (1) a completed affidavit of poverty and (2) a copy of the trust fund account statement for the prisoner for the six month period immediately preceding the filing of the complaint, obtained from and certified as correct by the appropriate official of each prison at which the prisoner is or was confined for the preceding six months. See 28 U.S.C. § 1915(a)(2).

If the Judge enters an order granting a prisoner's application to proceed in forma pauperis, then the order will assess the filing fee (currently \$350) against the prisoner and collect the fee by directing the agency having custody of the prisoner to deduct an initial partial filing fee equal to 20% of the greater of the average monthly deposits to the prison account or the average monthly balance in the prison account for the six-month period immediately preceding the filing of the complaint, as well as monthly installment payments equal to 20% of the preceding month's income credited to the account for each month that the balance of the account exceeds \$10.00, until the entire filing fee has been paid. See 28 U.S.C. § 1915(b). A prisoner who is granted leave to proceed in forma pauperis is obligated to pay the entire filing fee regardless of the outcome of the proceeding, and is not entitled to the return of any payments made toward the fee.

SEE ATTACHMENT

Ⓐ Ⓡ

- 1.) County of Chester
- 2.) Prime Care Medical, Inc.
- 3.) Jaclyn Casey (Pa-C)
- 4.) Gabriella checchi (Pa-C)
- 5.) Karen Murphy (HSA)
- 6.) Dr. Martin Zarkoski (Dentist)

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name Samuel Curdo
 All other names by which
 you have been known: N/A
 ID Number 79633
 Current Institution Chester County Prison
 Address 501 S Wawaset Road
Westchester Pa 19382
City State Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name County of Chester
 Job or Title (*if known*) Chester County Prison
 Shield Number N/A
 Employer Municipality
 Address 501 S Wawaset Rd.
Westchester Pa 19382
City State Zip Code

☒ Individual capacity ☒ Official capacity

Defendant No. 2

Name Prime Care Medical, Inc.
 Job or Title (*if known*) Contractor
 Shield Number N/A
 Employer County of Chester
 Address 3940 Locust Lane
Harrisburg Pa 17109
City State Zip Code

☒ Individual capacity ☒ Official capacity

Defendant No. 3

Name Jaclyn Casey
 Job or Title (if known) PA-C
 Shield Number N/A
 Employer Prime Care Medical, Inc.
 Address 3940 Locust Lane
Harrisburg Pa 17104
City State Zip Code
☒ Individual capacity ☒ Official capacity

Defendant No. 4

Name Gabriella Checchi
 Job or Title (if known) PA-C
 Shield Number N/A
 Employer Prime Care Medical, Inc.
 Address 3940 Locust Lane
Harrisburg Pa 17104
City State Zip Code
☒ Individual capacity ☒ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

- ☐ Federal officials (a *Bivens* claim)
☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

ATTACHMENT (B)

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

Defendant No. 5

NAME : Karen Murphy

Job or Title : HSA

Shield No. : N/A

Employer : Prime Care Medical, Inc.

Address : 3940 Locust Lane

Harrisburg, Pa 17109

☒ Individual Capacity

☒ Official Capacity

Defendant No. 6

NAME : Martin Zarkoski

Job or Title : Dentist Dr.

Shield No. : N/A

Employer : Prime Care Medical, Inc.

Address : 3940 Locust Lane

Harrisburg Pa 17109

☒ Individual Capacity

☒ Official Capacity

ATTACHMENT (A)

1.) CONSTITUTIONAL VIOLATIONS UNDER 1983 §

A. FOURTEENTH AMENDMENT

- Due Process Clause "Pre-Trial Detainee"
- Access To Medical Care
- Deliberate Indifference
- Failure to Act
- inadequate medical care

N/A

- D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

SEE ATTACHMENT (B)

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- ☒ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☐ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (*explain*) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

N/A

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

Chester County Prison Entire incarceration 2023

SEE ATTACHMENT ②

A.) COLOR OF STATE AND LOCAL LAW MONELL CLAIMS

1.) Defendants County of Chester and Prime Care Medical, Inc., use set policies that have been agreed upon by both defendants under monell claim purposes both as the municipality and a contractor providing medical care for chester county prison, where all claims and injury arise from at all times relevant herein claims;

As the County of Chester and Prime Care Medical, inc. maintain and continue the use of blanket basis policy involving Dental care, medical care, and mental health access and restricted use and availability for non-medical reasons forcing plaintiff severe pain with ongoing dental injuries as dental care is unavailable, as Defendant Dr. Martin Zarkoski the primecare contracted dentist refuse corrective care and preventative action I.e. Cavity Repair, Tempfillings, cleanings or X-Rays now in excess of Six months for non-medical customs "Leave until release of custody" or "Extract minor corrective procedures" as I am left at risk of permanent loss to savable deminus dental needs that the Defendants Dr. Martin Zarkoski, Karen Murphy, Jaclyn Casey and Gabriella chechi acknowledge but agree due to policy set by Defendants County of Chester and Prime Care Medical, Inc. they can not give needed dental treatment as their are customs used to limit treatment options for non-

medical purposes by the municipality and its medical hired contractor PrimeCare. This has allowed plaintiff to suffer delay in access to Dental treatment causing severe pain in excess of six months and continues.

2.) Defendants Karen Murphy, Jadyn Casey and Gabriella Checchi, continue to use custom delaying access to treatment over severely painful prior existing gastrointestinal issues that continue to cause severe cramping, bloody stool and extreme pain daily for in excess for six months as inmate sick calls are ignored and treatments delayed for non-medical reasons, further this custom unwritten but widely accepted where named defendants ignore sick call slips requesting treatment on weekly basis, delaying treatment causing severe pain.

3.) Defendants Karen Murphy, Jadyn Casey and Gabriella Checchi continue to ignore, delay and act deliberately indifferent to the ongoing infected skin wounds that have blistered, bleed and continue to cause severe pain and discomfort clearly rising to a objectively serious medical condition when they ignore, refuse and ~~ignore~~ ^{delay} plaintiffs constant inmate sick calls and known open blistered skin infections daily. Defendants have delayed doctor appointments in order to test and treat me for non-medical reasons and save money and reduce costly medical treatment, as often done by defendants for non-medical reasons.

while they continue to leave plaintiff with open sores that burn when cream is applied. Defendants continue to delay any ordered tests and treatment for undiagnosed severe medical issues leaving me in severe pain, for non-medical reasons, and using a custom forcing plaintiff to wait until his release.

C. What date and approximate time did the events giving rise to your claim(s) occur?

Throughout my entire incarceration in 2022 and current

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

SEE ATTACHMENT (C)

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

SEE ATTACHMENT (D)

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

SEE ATTACHMENT (E)

ATTACHMENT ©

A.) FACTS AND CLAIMS AFFIDAVIT

1.) Defendants County of Chester and Prime Care Medical Inc., have set policy and refused access of required treatment involving plaintiffs serious medical needs on blanket basis causing severe pain with multiple issues involving dental cavities, skin infection issues and extremely painful Gastrointestinal injuries as blood is in plaintiff's stool daily and these customs of delay or refusal continue for non-medical reasons, as plaintiff alerted both defendants through Grievances 09-20-23, 10-07-23, 11-16-23 and 12-8-23, 12-01-23 and 12-07-23 but have been ignored continuing severe pain and further injury, as they fail to Act.

2.) Defendants Karen Murphy, Jaelyn Casey and Gabriella Checchi knew of and with omission remained deliberately indifferent to plaintiffs serious medical needs causing extreme pain when they failed to Act on 11-20-23, 9-15-23, 10-01-23, 10-09-23, 12-02-23 and 12-11-23, 08-14-23 plaintiff suffered open wounds, bleeding and painful infections that are painful and so severe as to put me at tears unable to sleep, and bloody as wounds continue to bleed.

3.) Defendants have known and continued to ignore the many dental request slips, sick calls and vocal concerns as plaintiff herein suffered ongoing pain as his cavities were ignored over the continued refusal and delay over treatments as their

procedure. Plaintiff further Self reports to all parties and the newly named Defendants HSA Karen Murphy and Prime Care Dentist Dr. Martin Zarkoski proving the Direct Knowledge and Omission as they continue to fail and Act, for non-medical reasons.

4.) On the following Dates in November 1st, 19th and 29th of 2023 Plaintiff requested urgent care to treat the severe pain he suffered with one of his teeth that Dr. Martin Zarkoski knowingly and willfully refused to treat or request needed approval to treat and correct, but instead instructed plaintiff he would need to wait for his release of custody from Chester County Prison due to PrimeCare and The County of Chester's policy and custom that was approved, medical or the acting Dentist Dr. Martin Zarkoski giving him no ability to treat the plaintiff for non-medical reasons leaving plaintiff with no available treatment, causing loss of sleep, trauma and severe pain for over a month and a half, and still ongoing as Defendants ignore sick calls.

5.) Plaintiff has been ignored after requesting treatment and care for in excess of 90 days from November 1st 2023 herein at all times and dates allowing knowingly forcing plaintiff to suffer severe pain as HSA Karen Murphy ignored and failed to Act after being informed on August 17th, 27th, 2023 via Inmate Request Slip and Sick call per set policy requirements, but failed to Act, over dental.

6.) Plaintiff has recently had severe asthmatic issues at all times on the month of November and December in, 2023 Plaintiff's been at

times unable to breath or exerciss as he feared a attack and the ability to breath without immediate access to treatment as medical and HSN Karen Murphy refuse to even respond or give regular access to medical, On the month of December, and days 2nd, 14th, 21st, and 26th, 2023 all named defendants ignored all plaintiffs distressful Sick calls and Inmate request slips allowing me to suffer severe pain and fear as this delay and refused access to medical and emergency dental care continues since plaintiff used his right to access the courts and his protected conducts. ie the 1983 § Civil Rights Action and use of Grievances, treatment has been limited and non-medical escorts required to get to scheduled doctor visits are denied over my use of first Amendment right to speak over medical concerns.

7.) Defendants, Jaclyn Casey and Gabriella checchi on 12-27-2023 refused to provide emergency care as I was bleeding down my leg and had a open scar that was so painful but refused to call me down, even as I have (4) witnesses who directly saw my injury and also helped me try to get help. I was told they did not know how else to help treat me leaving me with no medical help suffering pain.

8.) Defendants Karen Murphy, Jaclyn Casey and Gabriella checchi knew on my admit to chester county prison after I informed them on 7-20-2023 and 8-10-2023 I was suffering from a skin disease on

my legs, and arms even scalp. plaintiff has suffered in excess of 3 months severe pain and at times 20 open soars that bleed and cause burning and severe discomfort as defendants Prime Care, Medical, Inc, Jaclyn Casey, Karen Murphy and Gabriella Checchi delay and refuse to treat plaintiff's serious medical needs for non-medical reasons, and force me to wait until im released.

9.) On January 2nd, ~~2024~~ Defendants Jaclyn Casey and Gabriella Checchi refused to provide plaintiff with stool tests for non-medical reasons even as im suffering from blood in my stool and stomach pain that cramps up as I use the bathroom daily. Defendants informed me they don't have the resources to treat me and I should see a doctor upon my release leaving me in pain.

10.) On January 3rd ~~2024~~, I was told by (medical) Prime Care Medical, Inc. and Karen Murphy that treatment for the severe pain and suffering Im enduring as I continue to have severe bleeding and soars will not be able to stop unless I see a hospital or specialist but I have to wait leaving me with no medical cure now for in excess of 3 months as they remain deliberately indifferent to my serious medical needs.

ATTACHMENT ⑤

A.) INJURIES

1.) Cavities, infection and severe pain with swelling for months (no treatment)

2.) Bloody stool, severe cramping, pain and trouble using the bathroom, stomach aches, loss of sleep, trauma (no treatment)

3.) Open Sores, Infection, skin rash, bleeding, severe pain and discomfort, agitation and burning. (cream)
(still getting worse and undiagnosed by Doctors)

ATTACHMENT (E)

A.) RELIEF SOUGHT IN THE TOTAL AMOUNT 1,650,000.00%

1.) Nominal Damages in the Amount of 25,000.00% EACH

As defendants clearly violated plaintiffs Fourteenth Amendment rights to Access to medical care, Due Process clause, Failure to Act, Deliberate Indifference and continue to act maliciously and evil and using punitive action harming me.

2.) Compensatory Damages in the Amount of 200,000.00% EACH

As defendants continue to use policy forcing plaintiff to suffer from severe pain and painful physical conditions at the hands of the men and women hired to protect and treat plaintiffs severe medical injuries at all dates, times named.

3.) Punitive Damages in the Amount of 50,000.00% EACH

As defendants actively continue malicious and evil acts with no remorse or care for plaintiffs health and safety. This relief would help deter them from continued harmful behavior.

4.) Injunctive Relief

Plaintiff respectfully requests the courts to give instruction on giving treatment for serious medical needs without delay, and to fix any and all non-medical customs stopping required medical care and protect the health of plaintiff.

Also any other injunctive relief the honorable Courts feel are needed to protect plaintiffs constitutional rights,

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Chester County Prison

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

medical issues

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☒ No

- E. If you did file a grievance:

1. Where did you file the grievance?

Chester County Prison

2. What did you claim in your grievance?

medical related issues "lack of treatment"

3. What was the result, if any?

Ignored, denied

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. *(Describe all efforts to appeal to the highest level of the grievance process.)*

Grievances, Inmate Request Slips, Pennsylvania Prison Society, DRP

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

Filed but ignored, refused help

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

Warden, Karen Murphy, Deputy Warden Roberts, Tim Mulrooney

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

SEE EXHIBITS (A)

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

N/A

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☐ Yes☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes☐ No

If no, give the approximate date of disposition _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 01/03/2024

Signature of Plaintiff Sam Curdo
 Printed Name of Plaintiff Samuel Curdo
 Prison Identification # 0079633
 Prison Address 501 S Wawaset Road
Westchester Pa 19382
City State Zip Code

B. For Attorneys

Date of signing: _____

Signature of Attorney _____
 Printed Name of Attorney _____
 Bar Number _____
 Name of Law Firm _____
 Address _____

City State Zip Code
 Telephone Number _____
 E-mail Address _____

SAM CURDO #79633

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501 S Wawaset Road
Westchester, Pa 19382

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Eastern District Court
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Philadelphia, Pa 19106

